

Early Intervention (Birth through Five Years) Client Outcomes Inventory

EI

1a Client Record Number

Mark **X** or ☐ in ☐ Mark number in

1b Unique ID (Required for Willie M. & Thomas S) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2a Facility Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3a COI Type (Select Code) 1-Initial <input type="checkbox"/> 2-Update 3-Discharge <input type="checkbox"/> 3b Non-Completion Only 1-Client not seen <input type="checkbox"/> 2-Client refused to participate <input type="checkbox"/> 3- Inactive 9 - Other reason <input type="checkbox"/> 3c Discharge Only 1- Achieved Service Goals <input type="checkbox"/> 2- Left Before Completion <input type="checkbox"/> 3- Discharged, non-compliant <input type="checkbox"/> 4- Aged out of Services 9-Other <input type="checkbox"/>
1c Admission Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m d d y y y y	2b Report Unit/Cost Center <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1d Date of Last Face to Face Contact <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2c Project Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1e Date COI Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2d Case Manager/Clinician ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

4. Eligibility and Special Populations (Mark all that apply to the child)

- | | | | |
|---|---------------------------------------|--|---|
| <input type="radio"/> a. None | <input type="radio"/> e. SSI/SSDI | <input type="radio"/> i. In DSS Custody (Child) | <input type="radio"/> m. Pregnant |
| <input type="radio"/> b. Work First Client | <input type="radio"/> f. SED (Child) | <input type="radio"/> j. Deaf/Hard of Hearing | <input type="radio"/> n. Maternal |
| <input type="radio"/> c. Medicaid Recipient | <input type="radio"/> g. SPMI (Adult) | <input type="radio"/> k. Non-English Speaking | <input type="radio"/> o. Juvenile /Criminal Justice |
| <input type="radio"/> d. CAP MR/DD | <input type="radio"/> h. TBI | <input type="radio"/> l. Youth w/ Sexually Aggressive Behavior | <input type="radio"/> p. Communicable Disease Risk |

5. Current Living Arrangement (select one code from list that best describes place client has lived for ≥2 consecutive weeks)

- 01 - Independent (own home, apartment, dormitory, rooming house)
 02 - Living with parents or relatives
 03- Living alone with supports
 04 - Homeless (street, shelter, vehicle)
 05- Correctional facility (prison, jail, training school, detention center)
 06- Institution (Psychiatric hospital, MR Center, secure nonmedical)
 07- Residential Facility (in halfway house, group home, child caring institution, DDA Group Home)
 08- Foster family, alternative family living
 09- Nursing Home (ICF,SNF)
 10- Adult Care Home - 7 beds or more (Rest Home)
 11- Adult Care Home - 6 beds or less (Family Care Home)
 12- Community ICF-MR - 6 beds or less
 13- Community ICF-MR – 7 beds or more
 14 - Hospital - Medical

Questions #6 through #16 are to be answered by asking the family/guardian which response best answers the question for their child/family.

Participation and Inclusion

Please fill in the box with the number that best fits the child/family's situation. For an initial EI COI ask "in the last 6 months or since birth" For update EI COI, use the last administration of the EI COI.

(3) Full participation, involvement (2) Moderate, somewhat (1) Low to none (9) N/A

6. Does the child take part in typical community activities (sports, church, shopping, etc.) with other people in the community? ----- ☐
7. Does the child receive services in a setting that is not exclusively serving children with special needs? --- ☐
8. By family report, does the family/guardian take part in planning services, goals and related activities?----- ☐

Early Intervention (Birth through Five Years) Client Outcomes Inventory

EI

9. By family report, has the family/guardian had a role in choosing the type of services for their child from the area program or its contract agencies? ----- ☐

Client Record Number

Mark X or √ in ☐

Mark number in

Health and Well-Being

For an initial EI COI, ask "in the last six months or since birth." For an update EI COI, time is from the last administration of the EI COI.

(3) Need is well met (2) Need is partially met (1) Not met (9) N/A

10. Since (month) has the child received routine medical and/or dental services? ----- ☐
11. Since (month) has the child received mental health services (in addition to EI, such as behavioral intervention, evaluation, counseling, respite, etc.) if requested? ----- ☐
12. Since (month), has the family received mental health services, if requested? ----- ☐

Early Intervention

Please fill in the box with the number that best fits the family's situation. Use the family/guardian's report with assistance from the clinician completing the inventory. For an initial EI COI, ask "in the last six months or since birth." For an update EI COI, time is from the last administration of the EI COI.

(4) Much (3) Some (2) Little (1) None (9) N/A

13. Since (month), has the family been using other community services and resources (such as day care, after school programs, preschool, parent support groups, social services, etc.)? ----- ☐
14. Since (month), has the family's understanding of the child's needs increased? ----- ☐
15. Since (month), has the child made progress (or maintained skill level, if appropriate) in the following areas: (please rate each area below using family report staff assistance)
- a. communication skills (like talking or otherwise making needs known) ----- ☐
 - b. motor (like walking, crawling, other means of mobility) ----- ☐
 - c. self-help (like self-feeding, toileting, etc.) ----- ☐
 - d. social-emotional (self-soothing, attached to parents/siblings, involvement with others, eye contact, etc.) ----- ☐
 - e. thinking and learning (playing with toys, recognizing objects, etc.) ----- ☐

(4) Very well (3) Well (2) With some difficulties (1) With major difficulties (9) N/A

16. Since (month), how well did the child and family make the transition between: (Please rate each area below)
- a. hospital to home ----- ☐
 - b. home to center-based services ----- ☐
 - c. area program services to public school operated services at age 3 (infant-toddler services to preschool services) ----- ☐